

## **EMPLOYMENT APPLICATION**

Dept. of Employee Relations Room 706, City Hall 200 E. Wells St. Milwaukee, WI 53202-3554 (414) 286-3751 TDD (414) 286-2960

www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT. Please:

- 1. Use a typewriter or <u>PRINT</u> answers in <u>black ink</u> (for copying purposes).
- 2. Answer all questions in <u>UNSHADED</u> areas. Credit may <u>NOT</u> be given for incomplete information. Leave <u>SHADED</u> areas <u>BLANK</u>.
- 3. Print your Last Name in the left margin.
- 4. <u>DATE</u> and <u>SIGN</u> on the reverse side.
- 5. Keep a copy of completed application materials for your files.

	EXACT TITLE OF				
	POSITION APPLIED FOR: OFFICE ASSISTAN	ΓIII			
		Ī	Do you currently live in the city of		
	Name Last First		Milwaukee?		
AME	Last First	M.I.	☐ Yes ☐ No		
	AddressA	ot. #	If yes, when did you become a resident? (month/year)		
	City State Zip Co		<b>NOTE:</b> City employees must live in the City. Residency proof will be required at the time of hire or within six months.		
	Day phone:         ( ) -           Evening phone:         ( ) -	_	List any other names by which you have been known on official records:		
	Social Security Number				
	Are you 18 years of age or older?   Yes  No If under 18, how old are you?   years months				
LAST NAME	Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:				
	List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:  TYPE NUMBER (if any) TYPE NUMBER (if any)				
	MILITARY SERVICE  * Read carefully if you may be eligible for veteran's preference points. *  Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.				
6-071	☐ Enlisted or commissioned reserve or National Guard serviceactive duty for training only ☐ August ☐ Persian ☐ Persian		27, 1940-July 25, 1947 7, 1950-January 31, 1955 5, 1964-January 1, 1977 1 Gulf War/Desert Shield/Desert Storm (August 1, 1990 to		
0#]	Date Terminated Active Duty:	☐ Afghar	be determined) istan War (September 11, 2001 to date to be determined) to active duty in 1961 by Executive Order No. 10957		
EXAM #06-071	If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit	☐ Called to active duty in 1961 by Executive Order No. 10957 ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal  Date:			
	documentary proof of the compensable disability with this application.	Location: _			

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

## **EDUCATION AND TRAINING**

Did you graduate from High School   Yes   No   FYes, Name and Location of High School   No   Fyes   No   FYes, Name and Location of High School   No   FYes   No   FYes, Name and Location of High School   No   FYes   No   No   FYes, Name and Location of High School   No   Fyes   No   Fyes   No							
Have you passed a high school equivalency or G.E.D. Test?	Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12						
Training bound high school (cillippe or university, missing, husiness college, military or other training you have received). Under credits carmed, and to give quarter bears on S for somewher hours on S for somewher hours on S for somewher hours.  MAJOR OR HILDS OF STUDY TYPE OF ARNED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED MAJOR OR HILDS OF STUDY TYPE OF DECEMBED AT COMPTETED AND AND ARE SAVED AND AND ARE AND AND ARE SAVED AND AND ARE SAVED AND AND ARE SAVED AND AND ARE SAVED AND	Did you graduate fron	n High School?	☐ Yes ☐ No	If Yes, Name a	nd Location of H	igh School	
### AND PART IN THE PART IN TH	Have you passed a hig	h school equiva	alency or G.E.D. Tes	st? Yes	] No		
NAME AND LOCATION   PART TIME   DATES ATTENDED   CREDITS   DATES ATTENDED   DATES AND AT	Training beyond high sch	ool (college or un	niversity, nursing, bus	iness college, milit	ary or other training	g you have received	). Under credits earned,
EMPLOYMENT HISTORY	-			CREDITO	MAJOR OR ET	LDC OF CTUDY	TYPE OF DECREE/DATE
Regin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSTITON. IT MORE SPACE IS NEIDED. SEE FOLLOWING PAGE.    From (month/year):			FROM TO		MAJOR OR FIE	LDS OF STUDY	
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PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT  Are you legally authorized to work permanently for any employer within the last six months (if none, print "NONE"):  If you are CURRENTILY or were PREVIOUSLY employed by the City of Milwaukee, list the following:  POSITION ITILE  DEPARTMENT EMPLOYEE ID # FROM (MO./YR.) TO (MO./YR.)  If you are CURRENTILY DEPARTMENT EMPLOYEE ID # FROM (MO./YR.) TO (MO./YR.)  If you are CURRENTILY TO WERE IT SHOWN VERIFICATION ONLY. Use separate sheet if necessary:  CHARGE DATE LOCATION COURT DISPOSITION OF CASE  DATE  LOCATION COURT DISPOSITION OF CASE  LOCATION TILL BUSEOUS SIGNING — I certify that all answers to questions on this application are true and complete. Lunderstant that a City Character with the City I admit a pulpoyees to live in the City. I also understand that covered employees even for many result of providing or thing proportion or person or organization for response or organization or response or person conducted to provide that all answers to questions on this application are true and complete. Lunderstant that falsification or the proportion was respondent to the city or the court of the proportion or person contacted to provide use and converse to the capital proportion. A copy of the convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied.  EAD CAREFULLY BEFORE SIGNING — I certify that all answers to questions on this application are true and complete. Lunderstant that a City Char department of the city. I also understand that covered employees are completed above. I forever wait elease and covenant not to sie any person or organization for any result of providing, obtaining or acting upon such information. A copy of tuthorization shall be effective as the original.							
Address Salary/Wage: \$	unemployment. IN ADD	ITION, LIST AN	NY OTHER PAID OR	UNPAID WORK			
Salary/Wage: \$	Current or last employer				From (month/year)	:	
Your Title				,	Γο (month/year):		
Your Title	Address			!	Salary/Wage: \$	per	
Hours per week:							
Duties:    PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT	Your Title			]	Part time	Full time	
Duties:    PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT					•		
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	hat falsification of this a Ordinance requires City occordance with the Fair occepting employment wo or employment. I give p he quality and quantity elease and covenant not understand that such in	application may employees to li Labor Standard with the City. I a permission to pe of my work, ve t to sue any per formation is so	y result in disqualive in the City. I also ls Act. Individuals authorize the City the crowns contacted to work record, qualifiers on or organization of the confident with	fication or remo- so understand the should discuss to make any inq- provide such in fications, education of for any result	oval from a City at covered emplo overtime pay pra uiries about and a formation. Such on and criminal of providing, ob	position. I under byees are compen- ctices with the ap- receive any information inquiries may incorrecords as defined taining or acting	rstand that a City Cha sated for overtime work pointing authority prionation about my suitabilude, but are not limited ad above. I forever watupon such information
11(+NATI)KF	SIGNATURE				ח	ATE	

# EMPLOYMENT HISTORY (Continued)

Employer	From (month/year):		
Employer	To (month/year):		
Address	Salary/Wage: \$ per		
Your Title	☐ Part time ☐ Full time Hours per week:		
Supervisor's Name, Title and Phone Number	Reasons for leaving:		
Duties:			
Employer	From (month/year):		
r · J ·	To (month/year):		
Address	Salary/Wage: \$ per		
Your Title	☐ Part time ☐ Full time		
	Hours per week:		
Supervisor's Name, Title and Phone Number	Reasons for leaving:		
Duties:			
2 dies.			
Employer	From (month/year):		
Employer	From (month/year):  To (month/year):		
Employer  Address			
	To (month/year):  Salary/Wage: \$ per  Part time		
Address	To (month/year): per		
Address  Your Title	To (month/year):  Salary/Wage: \$ per  Part time		
Address  Your Title  Supervisor's Name, Title and Phone Number  Duties:	To (month/year):  Salary/Wage: \$ per  Part time		
Address  Your Title  Supervisor's Name, Title and Phone Number	To (month/year):  Salary/Wage: \$ per  Part time		
Address  Your Title  Supervisor's Name, Title and Phone Number  Duties:	To (month/year):  Salary/Wage: \$ per  Part time		
Address  Your Title  Supervisor's Name, Title and Phone Number  Duties:  Employer	To (month/year):  Salary/Wage: \$ per  Part time		
Address  Your Title  Supervisor's Name, Title and Phone Number  Duties:  Employer  Address	To (month/year):  Salary/Wage: \$ per  Part time		

#### **TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during	g the examination process?
Yes	_ No
If yes, what kind of accommodations will you need?	
A signer	
A reader	
Extra time	
Other (Please describe)	
Comments:	
SIGNATURE:	DATE:

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

# City of Milwaukee

## Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLI	EASE PRINT OR TYPE					
1.	Name:					
	LAST	FIRST	MIDDLE			
2.	Position Applied for: OFFICE ASSISTANT III					
3.	Recruiting information: How did you FIRST heat  A. Milwaukee Journal Sentinel  B. Other Newspaper (please specify)  C. City Hall Posting  D. Library Posting  E. Community Agency Posting (please  F. College or University Posting (please  G. From a City Employee  H. From Someone who is NOT a City Er  I. Job Hotline Number (414-286-5555)  J. Received Job Interest Postcard in mai  K. Job Fair/Career Talk (please specify)  L. TV (please specify station)  M. Radio (please specify station)  N. www.milwaukee.gov/der  O. Other internet site (please specify)  P. OTHER (please specify)	specify)specify)mployee				
4.	Sex (please check one): MALE	FEMALE				
5.	Race (please check one):  Black/African American (not of Hispanic) Hispanic/Chicano/Puerto Rican/Mexica White/Caucasian/European/North African/Native American Indian/Alaskan Native Asian American/Pacific Islander/Far Eas	nn/Cuban/Central or South A can/Middle Eastern (not of F	Hispanic origin)			
6.	List any languages, other than English, which you speak FLUENTLY:					
7.	If you have listed offenses (see page 2), provide verification only.	e birthdate Yo	ur birthdate will be used for conviction			
8.	Certain Federal grant positions may require publy you are currently living in a City of Milwaukee put I live in the	ublic housing development.	idency. Please complete the following if Housing Development.			
The	e above completed information is true to the best of	my knowledge.				
SIG	GNATURE		DATE			